

## State of Washington Application for a Water Right

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Mailing Address 628 E.	VALLEY	ROAD	Work Tel:(_	)		
ity SKAMOKAWA	State WA	Zip+4 9860	/7+FAX:	(360)	195- 8	3049
Section 2. CONTAC	T - PERSO	N TO CAL	L ABOUT THE	APPI	ICATI	ON
ame			Home Tel:(	)		
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elationship to applicant					e dinama de la descripción de qualificación de la descripción de l	
the applicant requests a permicular cubic feet per second) from urpose(s) of <u>FRRIGAT</u> DESCRIPTION OF THE PROPERTY SUFFICIENT.	n a Surface w LACE OF USE	Stock to See instruct	ground water sound tree And Do Do Jons.) NOTE: A tax j	rce (chec mestic parcel nu	ATTAC	ne) for the  H A "LEGAL"  a plat number i
Check if the water use needed: From/_  Section 4. WATER S  If SURFACE WATER  Name the water source and i ake, etc. If unnamed, write 'unnamed stream," etc.:	to  SOURCE  indicate if stream "unnamed spring	m, spring,	project. Indicate the	period of	time that	the water will
Check if the water use needed: From/_  Section 4. WATER S  If SURFACE WATER  Name the water source and it lake, etc. If unnamed, write "unnamed stream," etc.:  Number of diversions:	to	m, spring, ng,"	oroject. Indicate the particular of the particul	ER	time that	the water will
Stimate a maximum annual q  Check if the water use needed:	to	m, spring, ng,"	If GROUNDWATI A permit is desired f	ER	time that	the water will
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**APPLICATION** 

ECY 040-1-14

Rev. 9/95 F

Appl. No.: 5 2-29872

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ≯NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

TAKE EXIT 40 OF I-5 to HWY 4 TOWNED CHTILHMET

TURN RIGHT ON MILE MARKER OF TO THE Y THKE

RIGHT RUAD OFF THEY THAT IS EAST UALLEY ROAD

APPROX 2 MILES OUR HOME IS ON THE RIGHT 628 E,

VALLEY, ROAD, SKAMOKAWA

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Sec	Does the applicant own the land on which the water will be used?	≭YES □ NO
	If no, explain the applicant's interest in the place of use and provide the name(s) and owner(s):	d address(es) of the
В.	Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement:	□ YES N NC
	EASEMENT	
order and n	ify that the information above is true and accurate to the best of my knowledge, to process my application, I grant staff from the Department of Ecology access to nonitoring purposes. Even though I may have been assisted in the preparation of mployees of the Department of Ecology, all responsibility for the accuracy of the i	o the site for inspection the above application by
Ed	word Liter 9/20/70	P

Applicant (or authorized representative)

Date

7/20/98

Date

Date

7/20/98

Date

Date

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: un'named (REQUEST to NAME THE SPRING)
B.	Name of system, if named: <u>unnamed</u> ( <u>Realiest to Name the Spring</u> )  HRACY WATER SYSTEM # B  Briefly describe your proposed water system. (See instructions.)
	1 WATER TANK OF APPROX 500 GALLONS, WATER 4LOWS TO PUMP HOUSE THEN TO OURS BARNS
	proces to the times process british
C.	Do you already have any water rights or claims associated with this property or system?   PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection BARAS
B.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.)  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? ☐ YES 🕏 NO
	If yes, when was it approved? Please attach the current approved version of your plan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
Α.	Total number of acres to be irrigated: 38 acres
В.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres
C.	Total number of acres to be covered by this application: 38 Acres
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Б.	Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>□ YES ⋈ NO</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking